

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000074511

1. Entity Name
AAA PLUS DRIVERS EDUCATION SCHOOL AND SAFETY
PROGRAMS, INC.



Principal Place of Business

10608 LICENSE LN.
PT. RICHEY, FL 34668

Mailing Address

10608 LICENSE LN.
PT. RICHEY, FL 34668



02032005 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3466638

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALES, LARRY J
2739 US HWY 19
STE 223
HOLIDAY, FL 34691

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature typed or printed name of registered agent and (file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MINGARI, URSULA
STREET ADDRESS	10608 LICENSE LN.
CITY ST ZIP	PT. RICHEY, FL 34668
TITLE	D
NAME	RUSSO, MICHAEL
STREET ADDRESS	10608 LICENSE LN.
CITY ST ZIP	PT. RICHEY, FL 34668
TITLE	D
NAME	RUSSO, ANGELA
STREET ADDRESS	10608 LICENSE LN.
CITY ST ZIP	PT. RICHEY, FL 34668
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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03/17/05-80035-007 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #